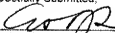
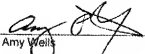


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of. Holmes, et al.	Group No: 1753
Application No: 10/637,186	Examiner: Arun S. Phasge
Confirmation No: 3944	Attorney Docket No: PION 2 US
Filed: August 8, 2003	
Title: SELECTABLE ION CONCENTRATIONS WITH ELECTROLYTIC ION EXCHANGE	July 23, 2007 San Francisco, CA 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b> <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
<b>ELECTRONIC FILING</b>		
<b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> RCE Transmittal <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee
		Large Entity      Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00      \$60.00
	<input type="checkbox"/> Two Months	\$450.00      \$225.00
	<input type="checkbox"/> Three Months	\$1020.00      \$510.00
	<b>Total \$ 120.00</b>	
	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	24	58	0	\$50.00	\$20.00	\$0.00
Independent Claims	4	7	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims				\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or	
Fees for Extra Claims	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Total	\$120.00		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00 <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of: \$120.00.		Please direct all telephone calls to: Ashok K. Janah at (415)538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>		Respectfully Submitted,	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to Fax No. (571)273-8300 or filed electronically via EFS on the date shown below.		By:  Date: <u>July 23, 2007</u> Ashok K. Janah Registration No. 37,487	
By:  Date: <u>July 23, 2007</u> Amy Wells			